

1 fm RCE

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## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 29, 2008.

  
Name

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Application Number	:	10/666,205	Confirmation No. 8858
Filing Date	:	September 18, 2003	
Inventor(s)	:	Stampfer, Wolfgang	
Title	:	ALCOHOL DEHYDROGENASES WITH INCREASED SOLVENT AND TEMPERATURE STABILITY	
Group Art Unit	:	1652	
Examiner Name	:	Yong D. Pak	
Docket No.	:	58489/B583	Date: December 29, 2008

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### MAIL TO: Mail Stop RCE

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

This application is **not** an application of the kind specified in 37 CFR § 1.114(e).

#### 1. THE STATUS OF THE APPLICATION IS AS FOLLOWS:

a.  Pending (no review proceedings active)

(1)  An Action was mailed by the Office on \_\_, as to which no appeal under 37 CFR § 1.191 has been filed and  
\_\_\_\_\_ a response under 37 CFR § 1.116 was mailed on  
\_\_\_\_\_ via Express Mail  
\_\_\_\_\_ with certificate of mailing under 37 CFR § 1.8  
\_\_\_\_\_ that Action was a Final Rejection, the finality of which is to be withdrawn by this Request  
\_\_\_\_\_ an appeal or civil action under 35 U.S.C. 141,145 or 146 has been terminated

(2)  Allowed: the Notice of Allowance was mailed by the Office on  
\_\_\_\_\_ the Issue Fee has not been paid  
\_\_\_\_\_ the Issue Fee has been paid **and** a petition under 37 CFR § 1.313 was granted on

b.  Pending (with review proceeding active)

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**REQUEST FOR CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

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**Application No. 10/666,205**

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An appeal under 37 CFR § 1.191 has been filed. **Applicant(s) hereby withdraw that appeal and request reopening of the prosecution of the application.**

**2. SUBMISSION(S) REQUIRED (check at least one)**

**a. Previously submitted**

Consider the amendments/reply under 37 CFR § 1.116 previously filed on  
 Consider the arguments in the Appeal or Reply Brief previously filed on  
 Other:

**b. Enclosed**

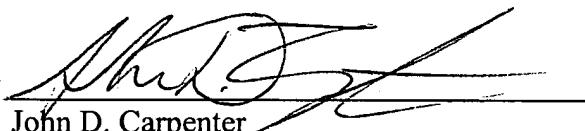
Amendment/Reply  
 Affidavit(s)/Declaration(s)  
 Information Disclosure Statement  
 Documents under 37 CFR § 1.48  
 Petition for Extension of Time  
 Other:

Please direct all correspondence to **CUSTOMER NUMBER 23363**. Direct telephone calls to 626/795-9900, **CHRISTIE, PARKER & HALE, LLP, P.O. Box 7068, Pasadena, CA 91109-7068**.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By

  
John D. Carpenter  
Reg. No. 34,133  
626/795-9900

JDC/rwo



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**REQUEST FOR CONTINUED EXAMINATION (RCE)  
FEE CALCULATION SHEET**

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**Application No. 10/666,205**

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<b>PART I — BASIC FEE</b>			
BASIC FEE	Small Entity \$405.00	Large Entity \$810.00	\$405

<b>PART II — ADDITIONAL CLAIMS (compared to application before RCE)</b>						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims	2	*43	0	x \$26.00	x \$52.00	0
Independent Claims	2	**3	0	x \$110.00	x \$220.00	0
First Presentation of Multiple Dependent Claim				\$195.00	\$390.00	0
<b>TOTAL CLAIMS FEE</b>						<b>\$0</b>
List Independent Claims: 45 and 49						
* IF THE "HIGHEST NUMBER OF TOTAL CLAIMS PREVIOUSLY PAID FOR" IS LESS THAN 20, WRITE "20" IN THIS SPACE.						
** IF THE HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN THIS SPACE.						

1. FEES (*The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.*)
  - a. Amount (total from Fee Calculation Sheet)  
A check for \$405.00 is enclosed.
  - b. X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required for this transaction to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A **duplicate copy hereof is enclosed**.

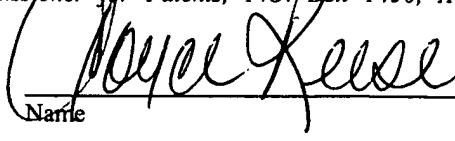


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Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



John D. Carpenter  
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**Application No. 10/666,205**

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First Presentation of Multiple Dependent Claim				\$195.00	\$390.00	0
TOTAL CLAIMS FEE						\$0

List Independent Claims: 45 and 49

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